

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212541107</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>MINE MOUNTAIN PROPERTY OWNERS ASSOCIATION, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>STEPHEN C. ADAMS 2560 BOYER ROAD FORT VALLEY, VA 22652</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>SHENANDOAH COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>12/31/2012</b></p> <p>SCC ID NO: <b>01422922</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED				
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: PO BOX 165</p> <p style="margin-left: 40px;">CITY/ST/ZIP: FORT VALLEY, VA 22652</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN HARMAN DIRECTOR 14614 FEATHERSTONE RD. WOODBIDGE, VA 22191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEN KLINGER DIRECTOR 900 FERN RIDGE ROAD VIRGINIA BEACH, VA 23452	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BILL ROMOSER DIRECTOR 388 SEVEN FOUNTAINS RD FORT VALLEY, VA 22652	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dave Owens DIRECTOR 1651 Forrest Ridge Trail Fort Valley, VA 22652	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Vicki Van Fossen DIRECTOR P.O. Box 794 Fairfax, VA 22038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Thomas Gilardi DIRECTOR 8404 Brittewood Circle Mechanicsville, VA 23116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sue Baumgardner DIRECTOR 13920 New Windsor Rd Union Bridge , MD 21791	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Harman DIRECTOR 14706 Featherstone Rd Woodbridge, VA 22191	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ STEPHEN ADAMS		STEPHEN ADAMS, PRESIDENT	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			